Georgia World Congress Center Authority

EVENT ACTION PLAN

[Event Name]

[Event Date]

[Company Name]

2026

Submitted By:

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I. Executive Summary

Overview of the Event Action Plan. Include a situation summary and health or safety concerns. Recognize potential health and safety hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect staff and guests from those hazards.

II. Event Objectives

The Event Objectives describes, in detail, the basic event strategy, event objectives, command emphasis/priorities, and safety considerations for use during the event. Include vertical movement/ crowd management strategies, ADA compliance strategies, and life safety strategies.

III. Event Chain of Command

List the chain of command for the staff that will be working at this facility. Be sure to include their name, title, hours scheduled, and contact number. All plans must include a designated Safety Officer. The Safety Officer must ensure all event space emergency egress routes are clear of obstructions during move-in, event open, and move-out days.

**Safety Officer is required to have successfully completed the GWCCA Safety Training Course.*

Example:

Name	Title	Scheduled on Property	Contact Number
Ex: Jim Wilson	*Security Manager*	*8:00a – 5:00p*	*404-123-4567*

IV. Event Assignment List

The Event Assignment List informs stakeholders of event assignments.

Resources Assigned

Resource Identifier	Leader	# of Persons	Contact (cell phone)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Ex: Security - Day	*Tom Johnson*	*65*	*404-123-4567*	*B1 Security Office: 0630 – 1500, 45 staff at access control points, 25 staff rovers/ relief.*
Ex: Police - Evening	*Sgt. T. Jones*	*15*	*404-555-5555*	*B1 Security Office: 1430 – 2300. 10 staff for LE response to event-related incidents. 5 staff for traffic control.*

Special Instructions

Enter a statement noting any safety problems, specific precautions to be exercised, drop off or pickup points, or other important information.

V. Event Post Locations and Post Orders

List security post locations and the duties assigned to the officer working that post.

Example:

Post Location	Post Orders
Ex: B1- B5 roll-up doors Dock side	*Check credentials and control access to the exhibit halls and ensure no unauthorized persons enter. They also ensure that all safety rules are followed.*
Ex: B1- B5 roll-up doors Lobby side	*Entrance to exhibit. Access control, check credentials, monitor access onto escalators.*

VI. Event Radio Communications Plan

The Event Radio Communications Plan provides information on all radio frequency or trunked radio system talkgroup assignments for each operational period. The plan is a summary of information obtained about available radio frequencies or talkgroups and the assignments of those resources for use by event stakeholders.

****If using your own radios, you will need to go to dispatch to sign out a GWCC radio to communicate with GWCC Dispatch***

Channel #	Function/ Assignment	Channel Name	Comments
Ex: 1	*Event security*	*Security 1*	*Primary talk channel*

Communications List
Basic Local Communications Information

Event Assigned Position	Name (Alphabetized)	Method(s) of Contact (cell phone)
Ex: Security	*Don Prince*	*444.555.9999*
Ex:	*GWCCA Public Safety Dispatch*	*444.555.9999*
Ex: Event Organizer	*Hazen Stevens*	*444.555.9999*

VII. Event Medical Plan (if also providing medical services)

The Event Medical Plan provides information on event medical aid stations, transportation services, hospitals, and medical emergency procedures.
****If using your own radios, you will need to go to dispatch to sign out a GWCC radio to communicate with GWCC Dispatch***

Medical Aid Stations:

Name	Location	Contact Number(s)	Paramedics on Site?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Transportation:

Ambulance Service	Location	Contact Number(s)	Level of Service
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS

Hospitals:

Hospital Name	Address	Contact Number(s)	Distance	Trauma Center	Burn Center	Helipad
				☐ Yes Level: ____	☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes Level: ____	☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes Level: ____	☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes Level: ____	☐ Yes ☐ No	☐ Yes ☐ No

Special Medical Emergency Procedures:

Prepared by *(Medical Unit Leader)*: Name:

VIII. Event Safety Message/Plan

The Event Safety Message Plan provides an overview of any potential threats, hazards, and risks associated with the event. It informs stakeholders of mitigation strategies to reduce the vulnerabilities and consequences associated with threats and hazards. This plan must include strategies and specific actions your Safety Officer will take to ensure emergency egress routes associated with all event spaces are kept clear of obstructions.

IX. Event Logistics

Provide information for each item listed below

A. Badges/Credentials – For the show (Please provide a copy if possible)

GA Power

B. Move In – Staffing and locations

C. Event Date – Staffing and locations

D. Move Out –Staffing and locations

E. Lost & Found – Identify location and hours of operation. Include procedure for lost children if appropriate

F. Exterior Protection – if any, provide hours and location

G. Shuttle Services - if any, provide hours and location

H. After Hours Access Points – Identify access points to the space after the event is closed for the day